



## Public Health Injury Surveillance and Prevention: A Program that Works

2008



## **Public Health Injury Surveillance and Prevention: A Program that Works**

Injury is a leading cause of death and disability throughout the United States. Yet, injury is a preventable public health problem. With adequate resources and effective collaborative partnerships, state injury prevention programs can significantly affect the burden of injury.

Under the Public Health Injury Surveillance and Prevention Program (PHISP), Integrated Core Injury Prevention and Control Program, the Centers for Disease Control and Prevention (CDC), funds 30 states to build injury prevention capacity and strengthen related infrastructure and basic injury surveillance activities.

With this funding, many state injury prevention programs have expanded the scope of their activities and significantly contributed to injury prevention efforts across the country. This document illustrates how state injury programs have successfully used core injury surveillance data and prevention infrastructure to build capacity, foster collaboration, identify additional resources, and implement interventions designed to lessen the burden of injury in their states.

Information for this report was collected between 2005 and 2006 from all 30 states that were funded under the PHISP program. An updated report will be developed at the close of the project period in 2010.

To learn more about CDC's PHISP program, visit: [www.cdc.gov/ncipc/profiles/core\\_state](http://www.cdc.gov/ncipc/profiles/core_state).





## Arizona Department of Health Services

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### Injury Focus: Collaborating with Partners

The Arizona Department of Health Services (ADHS) provided the Governor's Traffic Safety Advisory Council Safe Routes to School Subcommittee with hospital discharge and emergency department data on pedestrians. The subcommittee used the data to help guide their decision-making process.

Prior to ADHS involvement, the subcommittee had limited data provided by the Arizona Department of Transportation to guide their decision making. As a result of ADHS involvement, members of the subcommittee were better informed and their decision-making process was enhanced.



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## California Department of Health Services

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### Injury Focus: Motorcycle Helmet Use



Since 1992, all motorcyclists in California have been required to wear a safety helmet. Since then, state legislators have introduced at least one bill annually to diminish the requirement (by making it apply only to older riders, riders with insurance, riders who have taken a safety course, etc.).

California's core injury surveillance data have played a crucial role in defending the helmet requirement. Data have been used in bill analyses, and provided to government and nongovernmental agencies working to keep the requirement intact. Hospital discharge data have been particularly useful because they illustrate the large number of traumatic brain injuries that lead to disability.

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# Colorado Department of Public Health and Environment

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## Injury Focus: Teenage Motor Vehicle Safety



The Colorado Department of Public Health and Environment, Injury Section, provided data on teen motor vehicle-related injury deaths and hospitalizations to draw attention to the need for interventions targeting this issue and engage stakeholders and leverage resources to support interventions.

Data was provided to the Colorado Maternal Child Health (MCH) Program. Consequently, the Maternal and Child Health Program identified teen motor vehicle-safety as one of their primary focus areas. The Teen Motor Vehicle (TMV) Safety Leadership Alliance was formed as a result of MCH identifying teen motor vehicle injury as a primary area of focus.

This TMV group consists of partners dedicated to preventing motor vehicle-related injuries in teens, and includes representatives from Colorado's injury prevention staff, the Colorado Department of Transportation, Revenue and Education, Colorado American Automobile Association, Bacchus Gamma, Drive Smart, private insurance companies, law enforcement and adolescent health.

The Injury Section staff also provided expertise in "best practice" strategies for teen motor vehicle-safety and contributed significantly to the development of *Colorado's Plan for Improving Teen Motor Vehicle Safety*, a strategic plan to reduce teen motor vehicle deaths and injury-related hospitalizations for persons 15-19 years old. In conjunction with this initiative, the Colorado Department of Transportation committed funding for motor vehicle community grants targeting teen motor vehicle-safety interventions. Injury Section staff collaborated to create guidelines for the funding, including acceptable best practice interventions.

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# Connecticut Department of Public Health

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## Injury Focus: Adult and Older Adult Suicide Prevention



The Connecticut Department of Public Health used core injury surveillance data to develop a Comprehensive Suicide Prevention Plan (CSSP). Connecticut surveillance data indicated that the state's rates of suicide were greater than homicide rates and highest in adults and older adults. Based on state suicide data, the program redirected funding from youth violence prevention and developed a Suicide Prevention Request for Proposal that focused on adults and older adults. The applicants were required to identify specific recommendations from the CSSP that they would implement as part of their program. Awards were made to two provider organizations; one focused solely on older adult suicide prevention; the other on both adult and older adult suicide prevention.

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# Florida Department of Health



## Injury Focus: Childhood Injury Prevention



From 2002 to 2004, Florida lost 1,074 children, from newborns to 14-year olds, due to injuries; drowning and motor vehicle crashes were the two top injury mechanisms.

In response, the Florida Department of Health Office of Injury Prevention (OIP), and Safe Kids Florida partnered with the Denny's restaurant chain to develop and implement the Kid's Safety Zone campaign. The goal of the Kid's Safety Zone campaign is to reduce childhood injury, the leading cause of death for Florida's children ages 0–14.

As the subject matter expert, the OIP worked with Denny's to develop the campaign materials in English and Spanish. The Safe Kids coalitions and chapters partnered with their local Denny's to provide kids' safety activities. Denny's made a substantial financial contribution and provided and distributed the campaign materials (800,000 interactive books and growth charts) statewide in their 160 Florida restaurants. The safety subjects were:

- Child Personal Safety – an emerging threat – 200,000 interactive safety activity books were distributed;
- Child Passenger Safety – motor vehicle crashes are a top injury mechanism – 200,000 interactive growth charts illustrating best practices in child passenger safety were distributed;
- Drowning Prevention and Water Safety – drowning is a top injury mechanism – 200,000 interactive safety activity books were distributed; and
- Hurricane Injury Prevention – an emerging threat – 200,000 interactive safety activity books are being distributed.

This campaign is an excellent example of an innovative public-private partnership. Between November 2005 and August 2006, this program generated approximately one million dollars in media coverage.

Each safety subject presented through the Kid's Safety Zone campaign was introduced with a three-hour kick-off media event as listed below:

- Orlando – safety fair provided over 100 free child photo identification cards; fit over 100 children with free bicycle helmets; provided a child safety seat checkpoint; and distributed over 100 free smoke detectors. Approximately 200 people attended the event.
- Miami – safety check point inspected over 30 seats and found that not a single seat was properly installed. Approximately 100 people attended the event.
- Tampa – water safety fair provided water watcher tags to over 100 parents and also provided CPR, drowning prevention, and water safety information. Approximately 150 people attended the event.
- Port Charlotte – hurricane injury prevention safety fair – provided three emergency preparation kits; fit 350 children with free bicycle helmets; provided over 75 free smoke and carbon monoxide detector kits; and information on hurricane safety. Approximately 800 people attended the event.

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# Georgia Department of Human Services

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## Injury Focus: Providing Technical Support and Training



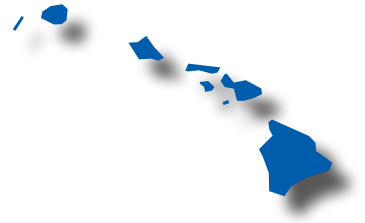
The Georgia Department of Human Services Injury Prevention Section (IPS) has a longstanding relationship with Safe Kids of Georgia on childhood injury prevention. The IPS has supported local Safe Kids coalitions by providing training, educational materials, and data. At the Safe Kids of Georgia Leadership Conference in 2005, IPS staff presented a training workshop on data-driven program planning, accessing county level data through the Division of Public Health's website, and methods through which county injury prevention coalitions could collect and utilize local data for program planning needs. During the workshop, the IPS provided county level injury data to 25 coalitions. Future workshops are planned

to provide specific training to local coalitions on the use of more advanced data query and mapping features available on the Division of Public Health's website (<http://health.state.ga.us/healthdata/index.asp>).

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# Hawaii State Department of Health



## Injury Focus: Motor Vehicle–related Injuries

The Injury Prevention and Control Program (IPCP) developed a model partnership with the North Hawaii Outcomes Project (NHOP) on the island of Hawaii (Big Island). According to the Director of NHOP, with IPCP’s “data, technical support, presentations, and encouragement,” the IPCP “was able to get partners to the table and inspire them to both action and collaboration” and secure needed resources for the county.



Hawaii County has the highest traffic crash fatality rates in the state. IPCP partnered effectively with NHOP, a coalition of health care providers and community and governmental organizations, to more closely examine traffic crash fatalities in Hawaii County, build public awareness of the problem, and ultimately, secure more resources for local prevention efforts.

The IPCP reviewed and summarized data from fatal crashes, including linking datasets from death certificates and the Fatal Analysis Reporting System. The state Department of Transportation (DOT) later provided aggregated nonfatal crash data to the NHOP members. Findings from the analyses were incorporated into NHOP reports and presented to members, the community and the mayor of Hawaii County. All of the analytic efforts helped inform meeting attendees about the issues and provided direction on prevention strategies.

Based on the data, NHOP developed and implemented strategies (including educational, environmental and policy strategies) to address the problem, which resulted in the following:

- A \$52,000 Safe Communities grant to NHOP to develop a Hawaii County Impaired Driving Task Force;
- \$500,000 to Hawaii County to enforce driving under the influence laws and to fund 52 sobriety roadblocks for 2005;
- Funding for Hawaii County to link with NHTSA’s national “You Drink, Your Drive, You Lose” campaign;
- Creation of a cabinet-level task force appointed by the county mayor to address traffic safety; and
- Collaboration with the local Drug Free Coalition to address impaired driving.

IPCP provides analytic and program-oriented support to NHOP, which meets on a regular basis and has expanded its membership. IPCP produced a geographic map of traffic fatalities that NHOP used to educate policy makers and publicize the seriousness of the traffic-related injury problem on the Big Island. The two major Big Island newspapers reproduced the maps and published stories on their front pages.

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# Kansas Department of Health and Environment

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## Injury Focus: Collaborating with Partners



A Kansas and Missouri coalition group requested injury data for Wyandotte County, Kansas, and Jackson County, Missouri, to support an application to Safe Kids Worldwide to become the Safe Kids Kansas City Metro Coalition. Safe Kids Worldwide had issued a statement that it would not grant coalition status to any new organizations. Using the data, the Kansas and Missouri group demonstrated an injury prevention programming need in the Kansas City Metro area; subsequently, Safe Kids Worldwide designated the group as the Safe Kids Metro Kansas City Coalition.

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# Kentucky Cabinet for Health and Family Services

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## Injury Focus: Promoting Injury Education

Kentucky's injury prevention infrastructure and core injury surveillance data have been effectively used in implementing the *Risk Watch*® injury prevention education program. *Risk Watch*® provides injury prevention education for children from early childhood through adolescence. The curriculum was developed by the National Fire Protection Association and their partners. It is taught primarily through public and private school systems, and addresses motor vehicle-related injuries, fire and burn injuries, choking, suffocation and strangulation, poisoning, falls, fire-arm-related injuries, drowning and water-related injuries, and injuries to bicyclists and pedestrians. Supporting resources, such as child safety education centers, are used in several areas to reinforce the classroom component of the program. A committee composed of representatives from fire services, law enforcement, public health, and education implemented the program in Kentucky.



Aggregate state data and community specific data provided by Kentucky Injury Prevention Research Center are used by the state management committee and local implementing organizations to focus extra attention and program interventions on preventing the most prevalent and severe injuries. These data have been invaluable in convincing school system officials and other policy makers to support *Risk Watch*®. Without access to these data, implementation of *Risk Watch*® in Kentucky would have been seriously impeded.

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# Louisiana Office of Public Health

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## Injury Focus: Promoting Injury Education



The Louisiana Injury Prevention Program provided information to advocates such as Safe Kids, Think First, The Governor's Highway Safety Commission, and other public and professional groups. These groups used the information to educate state legislators, inform their constituencies, and promote appropriate injury prevention behaviors. Their efforts led to establishing a law requiring the use of bicycle helmets, and re-establishing a law requiring the use of motorcycle helmets.

The Injury Prevention Program routinely supplies updated injury-related fatality data to Safe Kids staff.

The data are used in Safe Kids' informational campaigns and projects, including child safety seat check-up events. Additional campaigns addressed playground safety, pedestrian safety, water safety, and transportation safety. The data have been an important element leading to increases in child safety seat use.

The Injury Prevention Program prepared data and fact sheets to support the formation of the Brain Injury Association of Louisiana and to assist this organization in seeking resources. Along with the data, the injury program conducted presentations to help understand the data and related implications for planning and intervention. Subsequently, the Brain Injury Association of Louisiana established a list of local brain injury resources that was distributed through their publication and provided in their 1-800 number. The data have also been used to educate national policy decision makers.

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# Maine Department of Health and Human Services



## Injury Focus: Older Adults Falls Prevention

The Maine Center for Disease Control and Prevention (CDCP), Injury Prevention Program, provided overall and age-specific mortality and hospital discharge data on unintentional falls to the Partnership for Healthy Aging. These data were provided to the state's Health and Human Services Legislative Committee and supported the state's need to expand unintentional fall prevention efforts. The committee's work focused on LD 1707, "Resolve, Directing the Commissioner of Health and Human Services to Develop Strategies to Keep Senior Citizens Safe from Falls," to establish an unintentional Falls Prevention Coalition through legislation.



LD 1707 was passed into law in March 2006. Under the direction of the Maine Department of Health and Human Services (DHHS) Commissioner, the Falls Prevention Coalition was formed, which included the Program Manager for Injury Prevention Program as a member.

LD 1707 required the Coalition to:

- Review of the effects of falls among older adults on health care costs, the potential for reducing falls, and the most effective strategies for reducing falls and health care costs associated with falls;
- Submit a report to the Commissioner and the Legislature's Health and Human Services Committee by November 2, 2006.

The CDCP Injury Prevention epidemiologist responded to requests for data by the Falls Prevention Coalition and the Integrated Core Injury Prevention and Control workgroup. Requested data included types of injuries sustained in unintentional falls, and emergency department visits (treated and released) for injuries due to unintentional falls. Data presented to the Falls Prevention Coalition were incorporated into the report, which was submitted to the DHHS Commissioner and the HHS Legislative Committee in November 2006. The presentation of this data by the epidemiologist prompted discussion between the injury prevention group falls prevention and poison prevention members concerning falls among older adults related to overmedication.

The CDCP Injury Prevention Program, in partnership with the Maine Falls Prevention Coalition, conducted the Maine Falls Prevention Symposium on July 13, 2006. The symposium's goals were to convey important research findings about falls among older adults to Maine policymakers, listen to those policymakers describe their own experiences and insights about the causes of falls and gather ideas about possible solutions.

The Symposium Report, which includes core surveillance injury data, was incorporated into the agenda during the Blaine House Conference on Aging hosted by Governor John Baldacci in September 2006.

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# Maryland Department of Health and Mental Hygiene

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## Injury Focus: Childhood Injuries and Older Adult Falls Prevention



Through the distribution of minigrants, the Maryland Injury Program assists local health departments in carrying out injury prevention activities every year. Following are examples of how two local jurisdictions with 2005 minigrants used core injury data:

- Worcester County has used core injury data from the Center for Preventive Health Services (CPHS), Division of Injury and Epidemiology to identify injuries in children from infancy to middle school. This initiated other county level activities, such as the county fair and “Farm Days.” The county also used CPHS surveillance data to document need and to show improvement over the years.
- Caroline County used CPHS data to identify the prevalence of falls in their older adult population, and recognized the need to educate both older adults and their caregivers on injury prevention strategies. The county held a “Senior Fitness Day” with educational presentations, exercise demonstrations, free publications, T-shirts, and certificates of completion. One hundred seniors participated in this one-day event, which prompted the injury prevention coordinator of Caroline County to plan more “Senior Fitness Days” and offer the activity in other areas of the county.

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# Massachusetts Department of Public Health (Commonwealth of Massachusetts)

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## Injury Focus: Primary Seat Belt Use

For nearly a decade, the Massachusetts legislature has been considering a “primary enforcement” seat belt bill, which would help increase the compliance rate for seat belt use. Massachusetts’ current compliance rate is approximately 65 percent, far below the national average of 82 percent, ranking near the bottom of all the states. The existing “secondary enforcement” law, enacted in the early 1990s, has shown little impact on seat belt use.



In recent years, the Massachusetts House of Representatives failed on two occasions, in tie votes, to enact a primary seat belt enforcement bill. However, in January 2006, with the support of the state governor, the Department of Public Health developed and disseminated relevant injury data to legislators that helped shift votes in favor of primary seat belt enforcement.

The Injury Surveillance Program and Injury Prevention and Control Program worked closely together and compiled necessary data and talking points for the Massachusetts Department of Public Health (MDPH) and the governor’s office to successfully advocate this legislation.

The MDPH utilized injury prevention program data to demonstrate that minority youth are far more likely to be injured in auto crashes while not wearing seat belts than their Caucasian counterparts. The Chairwoman used this information as the centerpiece of her remarks on the House floor during debate to explain why she was ending her prior opposition to primary enforcement and now endorsing the legislation. The final count in support of primary enforcement was 77-74, and the availability of data made a demonstrable difference in the outcome.

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# Minnesota Department of Health

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## **Injury Focus: Fire Safety, Violence Prevention, Shaken Baby Syndrome/ Inflicted Traumatic Brain Injury, and Bicycle Helmet Use**



Minnesota's Prevention and Violence Unit (IPVU) conducts a statewide smoke alarm installation and fire safety education intervention. Communities selected or invited to participate in this intervention have included communities with multiple risk factors and high fire death and injury rates. The state's IPVU used injury data to document a related reduction in fatal and nonfatal fire injury rates.

The IPVU works closely with the "Stop It Now!" Minnesota program, an intervention to prevent and reduce the risk of child sexual violence by working with adults before they perpetrate. They are working with program staff to determine quantitative and qualitative data available (or needed) to assess intervention efficacy.

The IPVU collects data on hospital-treated sexual violence and can use these data to support state program efforts and the programs and policies of the Minnesota Coalition against Sexual Assault (MCASA).

In 2005, the Minnesota Legislature passed a bill charging the Minnesota Department of Health (MDH) with educating new parents and health care providers regarding the dangers of Shaken Baby Syndrome or inflicted traumatic brain injury (TBI). With assistance from the IPVU, the MDH made recommendations for hospitals (in their work to educate new parents) and health care providers. The MDH will evaluate the intervention and determine its efficacy.

In November 2005, the IPVU provided suicide-related data to a statewide suicide task force charged with updating Minnesota's suicide prevention plan. These data were useful in determining target audiences and approaches. Key risk groups were identified and potential interventions chosen.

In January and February 2006, data from the IPVU were used to develop the rationale and support for introduction of two bills in the Minnesota legislature (SF1490, primary seat belt enforcement, and SF 2465, required bicycle helmets for persons younger than 18 years).

Data from the IPVU are being used by the Minnesota Safety Council (parent home of Minnesota's Safe Kids Organization) to develop their annual report. State injury data are used regularly to guide service and outreach efforts of the Brain Injury Association of Minnesota and the Minnesota Spinal Cord Injury Network.

IPVU also collaborates with the Bemidji Area Indian Health Service, as well as specific sovereign nations, to provide data and assist with analysis and interpretation of data as requested. For example, IPVU staff responded to a request specifically concerning TBI among Minnesota's Americans Indians.

In March 2006, Minnesota's Poison Control Center publicly released data describing a troubling increase in self-inflicted poisoning among women aged 10-44 years. These data indicate specific populations at particular risk and in need of intervention.

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# Nebraska Health and Human Services System

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## Injury Focus: Falls Prevention in Children

The Nebraska Health and Human Services System, Injury Prevention and Control Program used core injury surveillance data to write the “Report on Unintentional Fall Related Injuries in Children,” which was released in 2004. A copy is available at [www.hhs.state.ne.us/hpe/injury.htm](http://www.hhs.state.ne.us/hpe/injury.htm). Following the release of this report, the Safe Kids Program, a part of the Injury Prevention Program, began a falls prevention program for children.



Local Safe Kids coalitions and chapters, which are required to partner with their local/district health department, used the data from the “Report on Unintentional Fall Related Injuries in Children” to identify their target audience and to develop fall prevention activities. Minigrant funding was provided through the Preventive Health and Health Services (PHHS) Block Grant for intervention activities chosen from recommendations in the report; examples included a baby walker roundup, and an assessment of playground safety with related follow-up education and recommendations. These activities are being evaluated to determine their effectiveness.

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# Nevada Department of Human Resources

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## Injury Focus: Suicide Prevention



Nevada's Department of Human Resources core injury surveillance data are used by various injury prevention organizations across the state, including Safe Kids Washoe County, Safe Kids Clark County, Washoe County District Health Department, Southern Nevada Health Department, Department of Education, Office of Traffic Safety, Office of Suicide Prevention, Safe Community Partnership Program, and Indian Health Service. Each of these organizations uses injury data for their own prevention activities.

An analysis of injury surveillance data demonstrated the need for suicide prevention efforts, and subsequently, a youth suicide prevention program was implemented in the middle and high schools in Washoe County.

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# New Mexico Department of Health

## Injury Focus: Violence Prevention

The New Mexico Office of Injury Prevention (OIP) funds the New Mexico Coalition of Sexual Assault Programs (NMCSAP) to conduct data collection, database management, data analyses, reporting, and technical assistance to maintain the New Mexico Interpersonal Violence Data Central Repository. Data are collected from participating law enforcement agencies, domestic and sexual violence service providers, Sexual Assault Nurse Examiner programs, and district and magistrate courts. The data are analyzed annually and used in published statewide incidence reports regarding domestic and sexual violence.



In fiscal year 2006, NMCSAP was funded to conduct a statewide violence victimization survey. Survey results will allow stakeholders to more accurately assess both incidence and prevalence of domestic and sexual violence and stalking in New Mexico. Additionally, this survey will include data from individuals who have not reported their victimization to law enforcement or service providers.

The annual domestic and sexual violence reports are used widely by health and social service providers, law enforcement, prosecutors, other criminal justice professionals, and state and local public health groups to guide violence prevention program planning and to advocate related additional funding. For example, NMCSAP used the data to educate state legislators; this resulted in \$1,000,000 funding for sexual violence services and prevention. Likewise, the reports guide prevention efforts by providing a clearer indication of the groups at highest risk for victimization and an accurate assessment of perpetrators of domestic and sexual violence. NMCSAP and its subcontractors use findings in the reports to develop training curricula and inform audiences. NMCSAP has expanded the training efforts to include outreach and education to individuals with disabilities and their caretakers. NMCSAP has also increased contact with law enforcement agencies and developed enhanced training programs for professionals who work with culturally diverse populations.

OIP supports other New Mexico Department of Health divisions responsible for suicide prevention and performance measures related to family health by providing ongoing epidemiologic and staff assistance. OIP also participates in priority planning for New Mexico family health programs related to injury issues.

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# New York State Department of Health/ Health Research, Inc.

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## Injury Focus: Shaken Baby Syndrome Prevention



The New York State Department of Health core injury surveillance data were used by the department to support legislation that was enacted on November 24, 2005. The law required hospitals to offer a health commissioner-approved Shaken Baby Syndrome prevention video to maternity patients while they are hospitalized. Videos on Shaken Baby Syndrome, in addition to related forms and brochures in English and Spanish, have been provided to all New York state hospitals with maternity units. The video is being translated into French and Chinese.

The Bureau of Injury Prevention implements the Shaken Baby Syndrome program, responds to requests for information, clarifies related legislation, promotes prevention strategies, and conducts ongoing surveillance. Shaken Baby Syndrome prevention program information is available at [www.health.state.ny.us/nysdoh/consumer/sbs/index.htm](http://www.health.state.ny.us/nysdoh/consumer/sbs/index.htm).

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# Ohio Department of Health

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## Injury Focus: Funding and Priority Setting



The Ohio Department of Health (ODH) has utilized Preventive Health and Health Services (PHHS) block grants funds to support 15 local injury prevention grants. The initial competitive Request for Proposal for these grants used statewide core injury surveillance data to prioritize specific injury topic areas for funding. The Report of the Ohio Commission on the Prevention of Injuries was provided to applicants to assist in developing comprehensive activities appropriate for their respective communities. Although ODH has provided grants for injury prevention projects in the past, based on the Commission report and core injury surveillance data, they were better able to direct the use of those funds.

The 15 funded projects are implementing programs to prevent: falls among older adults; traumatic brain injuries; suicide; agricultural injuries in youth; fires; and violence. Funded programs are being encouraged to use local data where possible to evaluate the results of their activities.

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## Oklahoma State Department of Health

### Injury Focus: All Terrain Vehicle Injuries



The Oklahoma Department of Health, Injury Prevention Service (IPS), collaborated with an emergency department physician, Dr. Mark Brandenburg, examining all-terrain vehicle (ATV) injuries. The IPS analyzed data from the Traumatic Brain Injury and Traumatic Spinal Cord Surveillance Systems. Factors of concern were if the injury was sustained by driver or passenger; if the ATV collided with something; the type of object the ATV collided with; if the ATV rolled over; if the incident occurred during recreation, work or competition; if the rider was wearing a helmet; and where the incident occurred (e.g., farm, street).

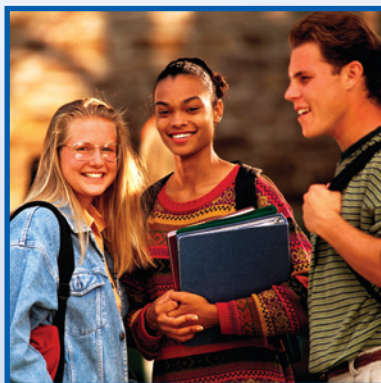
The data were published in an article “All-terrain Vehicle-related Central Nervous System Injuries in Oklahoma,” which appeared in the *Journal of the Oklahoma State Medical Association*, and prompted introduction of legislation to decrease ATV-related injuries. As originally written, Senate Bill 1830, the Children’s ATV Safety Act, would have required helmets for all persons younger than 18 years and would have prohibited persons younger than 12 years from riding in ATVs. The bill was modified and did pass, requiring helmets for persons younger than 18 years and prohibiting passengers for drivers younger than 14 years of age.

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## Oregon Department of Human Services

### Injury Focus: Collaborating with Partners



The Oregon Department of Human Services used core injury surveillance data and prevention infrastructure to promote the use of injury data by community partners. The core capacity staff has worked closely with the Oregon Safe Kids program. Safe Kids’ goal was to provide chapter-specific data to each of the chapters in Oregon. To accomplish this, morbidity and mortality data were collected and analyzed for each of the relevant counties. The injury program staff provided these data which, in turn, enabled area chapters to develop goals, objectives, and benchmarks tailored specifically to their areas.

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# Pennsylvania Department of Health



## Injury Focus: Falls Prevention



Safe Kids Pennsylvania is funded by the Pennsylvania Department of Health's Injury Prevention Program using Preventive Health and Health Services block grant funds and Maternal and Child Health block grant funds.

The Alcoa Foundation approached Safe Kids Pennsylvania about providing corporate funds for an injury prevention implementation project in Pennsylvania. Core injury data were utilized to identify the primary areas in which to focus interventions.

The Injury Prevention Program assisted with the related data request to the Center for Injury Research and Control (CIRCL). CIRCL analyzes the state's hospital discharge data and responds to requests for aggregate data to inform injury prevention efforts at the state and local levels. Based on hospital discharge data, it was determined that falls are the number one reason for ambulance runs in Pennsylvania and a leading cause of hospitalizations for children ages 0-14 years.

Accordingly, fall prevention was selected as the injury topic to be addressed for proposed Alcoa projects, focusing specifically on falls for children younger than 15 years. Next, Safe Kids Pennsylvania submitted a proposal supported by this injury data to the Alcoa Foundation and received a 1-year \$50,000 grant in October 2005. The goals of this fall prevention campaign were to provide resources and educational materials to communities; to develop relations with community agencies to support the fall campaign; and to increase awareness and reduce falls.

Six regional training activities were provided by Safe Kids Pennsylvania for community agencies to gather information and encourage participation in the statewide campaign. One hundred persons from Safe Kids coalitions and chapters, local health departments, and other community-based organizations were trained.

This effort should advance childhood fall prevention efforts on the regional level. Capacity will be increased through the regional trainings and the partnerships formed and enhanced through this grant opportunity. Through this intervention project, Pennsylvania hopes to decrease the number of fall-related hospitalizations among children from newborns to 14-year-olds.

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# Rhode Island Department of Health

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## Injury Focus: Promoting Public Awareness



The Rhode Island Department of Health (HEALTH), Safe Rhode Island Violence and Injury Prevention Program (SRI), provided data to the Rhode Island Injury Advisory Council that led to the selection of three injury areas to be prioritized and addressed by HEALTH: preventing falls, motor vehicle crashes, and suicide.

The Rhode Island Injury Prevention Plan was developed with community partners. Recommendations included in the plan were based on data and information on what works to move Rhode Island towards becoming a safer state. The plan is available at [www.health.ri.gov/disease/saferi/injury\\_plan\\_2005.pdf](http://www.health.ri.gov/disease/saferi/injury_plan_2005.pdf).

HEALTH released the first edition of the “Burden of Injury in Rhode Island Report.” The report provided information about injury prevention as an important public health issue. Subsequently, an injury prevention story, with the economic burden highlighted in the subcaption, graced the front page of the Providence Journal for the first time. The burden report is available at [www.health.ri.gov/disease/saferi/burden.pdf](http://www.health.ri.gov/disease/saferi/burden.pdf).

SRI, the Injury Prevention Center at Rhode Island Hospital, and the Injury Control Planning Group (ICPG) hosted a successful injury prevention forum targeting Rhode Island media representatives. The Chief Medical Examiner for the state of Rhode Island held a press conference with the media to discuss the problem of injuries in the state and highlighted new data from the “Burden of Injury in Rhode Island Report”. Representatives of the media hosted a lively discussion about how the media cover injury-related stories in Rhode Island. A media tool kit, including data briefs on priority injuries, was created to inform Rhode Island media on their injury reporting. The tool kit is available at [www.health.ri.gov/disease/saferi/toolkit.php](http://www.health.ri.gov/disease/saferi/toolkit.php).

SRI created a website for Rhode Island injury data to promote public awareness and support the need for funds to implement injury prevention programs. Data have also been used by community partners for grant writing and program development. Injury data is available at [www.health.ri.gov/disease/saferi/injury\\_data.php](http://www.health.ri.gov/disease/saferi/injury_data.php).

SRI, the Injury Prevention Center at Rhode Island Hospital, and ICPG used Rhode Island motor vehicle crash data to effectively advocate legislation eliminating a major loophole in the state’s drunk driving laws. The new law increases the penalties for refusing to submit to a Breathalyzer test. Penalties include, but are not limited to, serving not less than one hundred hours of community service. This law also requires the attorney general to file with the general assembly an annual report identifying cases involving impaired and drunk driving and Breathalyzer test refusals.

SRI, the Injury Prevention Center at Rhode Island Hospital, and ICPG used Rhode Island motor vehicle crash data to effectively advocate for legislation to deter adults from providing alcohol to minors.

The legislative agenda for minority populations was effectively influenced regarding injury prevention when SRI provided Rhode Island injury data (by race and ethnicity) to the Rhode Island Minority Caucus at the Cross-Cultural Legislative Leadership Summit in March 2006.

SRI developed evidence-based training to promote physical activity among older adults to prevent falls. Based on the literature on best practices and Rhode Island injury data, the Falls Injury Prevention Subcommittee of the ICPG planned a training forum. The forum targets senior housing site residential service coordinators, senior center activities coordinators, and day center staff. The training will prepare participants to initiate evidence-based physical activity programs (gait, balance, strength training) at their sites and provide related assessment and program outcome evaluation tools.

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(401) 222-7637, [annt@doh.state.ri.us](mailto:annt@doh.state.ri.us), [www.health.ri.gov/disease/saferi/index.php](http://www.health.ri.gov/disease/saferi/index.php).





## South Carolina Department of Health and Environmental Control

### Injury Focus: Older Adult Falls Prevention



South Carolina Department of Health and Environmental Control provided core injury surveillance data to representatives from the Lieutenant Governor's Office. These data were used to promote a statewide effort to increase awareness about falls among older adults.

The Council on Aging requests injury surveillance data from the health department routinely for strategic planning efforts. As more groups become aware of the potential of the system, South Carolina anticipates an increase in requests for data.

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## Tennessee Department of Health

### Injury Focus: Collaborating with Partners



The Tennessee Department of Health has used core injury surveillance data and prevention infrastructure to enhance collaboration. A unique collaboration has been developed among the state's Injury Community Planning Group, state agencies, and nongovernmental organizations (NGOs) to create the Commissioner's Council on Injury Prevention and Control. The list of involved organizations includes healthcare professional organizations, hospital related organizations, health insurance companies, and other appropriate NGOs. Participation of these groups in the governing Council permits them to contribute directly to formulating the vision and mission for the Integrated Core Injury Prevention and Control program for Tennessee.

Involved agencies and organizations have specific areas of responsibility for injury reduction and safety. Council members will commit resources to implement and accomplish yearly goals to increase understanding and reduce injury-related mortality and morbidity.

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# Utah Department of Health

## Injury Focus: Booster Seat Use and Motor Vehicle Injuries



Staff of the Utah Department of Health, Violence and Injury Prevention Program (VIPP) used core injury prevention data and infrastructure to determine that motor vehicle crash deaths and injuries are a major problem in Utah.

Based on analysis of the core injury data, booster seat use in motor vehicles for children aged 4-8 years was found to be extremely low in Utah. Staff in the VIPP, funded by the Public Health Injury Surveillance and Prevention Program grant, assisted in the coordination of a statewide program to increase booster seat use for children aged 4-8 years in motor vehicles. Subsequently, the Utah Department of Health imple-

mented a statewide program to increase booster seat use for children aged 4-8 years.

As a part of the statewide campaign, local health districts in Utah performed interventions to increase booster seat use. Interventions included the following:

- Promoting booster seat use to more than 29,000 children and parents through awareness activities at day care centers, schools, churches, doctors' offices, and businesses;
- Distributing more than 2,000 child safety seats;
- Conducting 126 car seat checkpoints;
- Inspecting more than 4,300 car seats for correct use;
- Educating the public on booster seats through 44 media activities, including public service announcements, press conferences, and news releases;
- Implementing booster seat policies in preschools and day care centers; and
- Conducting observational surveys at day care centers, schools, parks, and stores to assess booster seat use.

VIPP staff analyzed booster seat observation surveys to evaluate the project, and statewide data to determine if related deaths and injuries were being reduced.

An estimated 44 Utahans are alive as a result of the injury death rate decreasing 6% from 2002 to 2004. Booster seat use increased 10% in Utah from 2002 to 2005. It is also estimated that every \$1 spent on child safety seats saves \$41. In 2005, distributing 2,000 child safety seats in Utah probably saved \$3,300,000.

Because of the high demand for localized health information, the VIPP produced an injury report in 2003 for every local health district in Utah. The reports were updated in 2005 with additional data. These reports have helped programs determine critical target areas for injury prevention in each local health district and provided information to educate the public. They have also provided information for presentations to stakeholders and to educate local boards of health on the burden of injuries and the importance of injury prevention.

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# Vermont Department of Health

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## **Injury Focus: Older Adult Fall Prevention, Intimate Partner Violence, Bicycle-related Injuries, Traumatic Brain Injury, and Booster Seat Use**



Vermont Department of Health has used core injury surveillance data and prevention infrastructure to support a number of injury initiatives in the state:

- Fall-related injury hospitalizations and death data have helped in developing a community implementation guide for preventing falls among older adults. Two projects that used the guide were conducted in two rural hospitals.
- Injury prevention program staff collaborated with community stakeholders to develop an intimate partner violence training curriculum that can be used for a wide range of health care providers throughout the state.
- Specific injury analyses have been used by injury prevention groups to address specific target audiences. For instance, analyses of fall-related and bicycle-related hospitalizations, emergency department admissions, and deaths have been provided to the Safe Kids organization for program planning. Also, pertinent data have been provided to the traumatic brain injury implementation grant program. Injury data have also supported many injury-related legislative proposals (e.g., motor vehicle data supported the successful booster car seat legislation for children).

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## Injury Focus: Funding and Priority Setting

In September 2005, the Virginia Department of Health, Center for Injury and Violence Prevention (CVIP) used unintentional injury hospitalization and death data in developing a program to fund local community projects that address the leading mechanisms of injury among high-risk populations. This included the following:



- Poison prevention projects to reduce the risk of unintentional poisoning among three age groups: adults 65 years and older, children 10 to 14 years, and children four years and younger. In 2003, poisoning was the third leading cause of injury hospitalizations for adults 65 years and older and was the second leading cause of injury hospitalizations for children 10 to 14 years, and children one to four years of age.
- Projects that seek to reduce the risk for unintentional drowning among children from newborn to 14 years. According to the recent data, drowning was the leading mechanism of unintentional injury deaths for this target group in the state. Drowning is the leading cause of injury deaths for this age group when compared separately with motor-vehicle mechanisms of occupant, pedestrian, pedal cyclist, and motorcyclist.
- Projects that provide pedestrian injury prevention and bus safety interventions to reduce the risk for unintentional injury for school-aged children. The CVIP's 2003 report for children 5-9 years, identified pedestrian injury hospitalizations as the fifth leading mechanism and the leading cause of injury death for children 10 to 14 years in Virginia.
- Projects that seek to reduce the risk of unintentional suffocation injury among children from newborn to 4 years. According to the CVIP's 2003 data report, suffocation was the leading cause of injury-related deaths for children less than one year.
- Projects that addressed older adult fall injuries. In 2003, two-thirds of all unintentional fall injury hospitalizations were for adults older than 65 years. This age group also accounted for 30 percent of fire-related deaths in Virginia.

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# Washington State Department of Health

## Injury Focus: Older Adult Falls Prevention



Core injury surveillance data were used effectively to identify falls among adults aged 65 and older as the leading cause of injury hospitalization in Washington. Using this information, the state Injury and Violence Prevention Program developed a report titled “Falls Among Older Adults: Strategies for Prevention.” The report contained an extensive review of the literature, a related cost analysis, and recommended best practices for preventing falls among older adults. This report was used to develop a grant application to CDC to implement and evaluate a best practices model. The model included three components: a comprehensive fall risk assessment carried out by a trained registered nurse, with results summarized and sent to primary care physicians in the community; a community-based exercise program designed for older adults (Enhance Fitness®); and a 6-hour educational component delivered by a trained registered nurse.

The model was evaluated in a 12-month randomized controlled clinical trial, which found the program was effective in reducing fall risk factors, including strength, balance, and mobility (intent to treat analysis).

Next, best practices were promoted through community-based and professional organizations, and by training individual “champions” to promote older adult falls prevention in their regions. Training and tools were provided to emergency medical services Injury Prevention Coordinators statewide. Project staff is consulting with motivated individuals to help them initiate their own county-wide coalitions using the model established in the pilot county (Pierce County). More than 100 physical therapists attended a one-day training on older adult falls (sponsored by Gentiva Health Services, and provided by project staff) and 130 physicians received continuing education on older adult falls in training sponsored by the Pierce County Medical Society. The physician training was provided by a team of four local physicians that project staff recruited in the pilot county. Links with the state aging network and the trauma system are underway.

The Governor helped promote falls prevention by declaring September 21, 2006, “Falls Prevention Awareness Day” and 14 related events were held statewide. Local collaboration was extensive; one hospital system established a “Falls Free” Washington website to help communities access resources they could use in their local events. New partnerships were formed in promoting this event, including a partnership with the Physical Therapy Association of Washington, through which a collaborative proposal for older adult falls prevention was developed and submitted to a legislative committee.

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- The education component of this fall-prevention intervention was translated into a workbook, “Stay Active & Independent for Life – An Information Guide for Adults 65+,” providing older adults with information and resources on different aspects of falls prevention best practices. The Guide was developed with extensive input from older adults, and is available at [www.doh.wa.gov/hsqa/emstrauma/injury/pubs/SAILguide.pdf](http://www.doh.wa.gov/hsqa/emstrauma/injury/pubs/SAILguide.pdf).



- The falls risk assessment used in the study was developed into a self-assessment designed to help older adults determine their own risk factors. It includes suggested actions for each of the risk factors, and is incorporated into the “Stay Active & Independent for Life Guide.” This falls risk self-assessment is being approved as a screening tool by a hospital system to screen all older adults who come into the hospital, regardless of reason.
- An exercise component was developed to extend the falls prevention exercise classes to 10 sites in Pierce County. The exercise component is very similar to the exercise program used in the study, but increases the emphasis on balance and mobility training, and integrates education into the exercise classes by using the “Stay Active & Independent for Life – An Information Guide for Adults 65+.” A participant exercise manual to accompany the classes was developed, as was a tool that can be used generically to evaluate exercise classes for older adults.

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# Wisconsin Department of Health and Family Services

## Injury Focus: Suicide Prevention, Falls Prevention, and Booster Seat Legislation



### • Suicide Prevention

The Wisconsin Department of Health and Family Services Injury Prevention Program (IPP) increased suicide prevention awareness, educated professionals and the general public, and provided data to demonstrate the magnitude of the public health problem of suicide in Wisconsin. Wisconsin has a statewide Suicide Prevention Initiative (SPI) which is facilitated by staff from the IPP. SPI was instrumental in bringing partners interested in suicide prevention together from across the state and from public and private environments. SPI's membership includes mental health and substance abuse professionals, researchers and academic partners, health care professionals, survivors, suicide attempters, consumers, and representatives of public health, human and social services, the aging network, law enforcement, and emergency medical services. This initiative led to writing and releasing the Wisconsin Suicide Prevention Strategy in 2002: [www.dhfs.wisconsin.gov/health/injuryprevention/pdf/WISuicidePrevStrategy.pdf](http://www.dhfs.wisconsin.gov/health/injuryprevention/pdf/WISuicidePrevStrategy.pdf).

The IPP and SPI have provided fact sheets, data sheets, websites, best practices, resources, presentations, and technical assistance, and have promoted and assisted in writing grants and leveraging funds (e.g., Prevention Block Grant, local foundations in Marathon and Shawano Counties) for suicide prevention resources at state and local levels.

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SPI has worked effectively with local groups and communities to develop coalitions and identify local resources to address suicide and suicide prevention. Communities such as Kenosha County, Brown County, and Fond du Lac County have requested assistance and onsite technical assistance is being provided. Data sheets have been provided to all 94 health departments, to crisis network members from approximately 45 counties, and to the Interagency Coordinating Council. Questions to help identify county gaps and needs for additional planning and community work around this issue are also included. SPI is identifying and developing related suicide awareness materials for different audiences, training and education, best practices, models, and tools for clinicians and the general public, and developing statewide infrastructure and policy.



### • Falls Prevention

Wisconsin has a statewide initiative for older adult falls prevention, and has leveraged available funds and resources through the promotion and technical support of local coalitions (WI Injury Prevention Coalitions) and evidence-based fall-prevention programs around the state.

Wisconsin IPP has promoted opportunities for program funding through both University of Wisconsin-Madison and Medical College of Wisconsin, Milwaukee, national organizations and foundations, and state-administered federal program funds, and state general purpose funds. Most recently,

approximately \$1.5 million of state funding from the Family Care Program was reallocated for distribution through a Request for Proposal (RFP) process through the Department of Health and Family Services, Division of Disability and Elder Services, with at least 60% of the monies (approximately \$920,000) to be directed to older adult fall prevention programming. Seventeen Aging and Disability Research Centers (ADRC) throughout the state are eligible to apply for the funding. The RFP specifies that the proposals be comprehensive; use evidence-based prevention programming; require mentoring of other counties who may or may not have an already existing ADRC; engage volunteers; and work with other partners, such as public health departments, and use their local needs assessment to assist in their planning. Because of recent reorganization, the IPP has identified an opportunity to discuss with the Arthritis Program how the two programs might integrate fall prevention and the arthritis programs, both fiscally and administratively.

Wisconsin IPP is also collaborating with Dane County Safe Community Coalition to plan a falls summit. They hope to develop a model that can be used to promote and assist other coalitions in Wisconsin to take action.

On the other end of the spectrum and based on data, IPP has worked with the Wisconsin Emergency Medical Service for Children (EMSC) group to develop a childhood-related falls-prevention pilot and packet to be used by local public health departments in collaboration with their hospitals and clinics, their EMS groups, and families throughout their community.



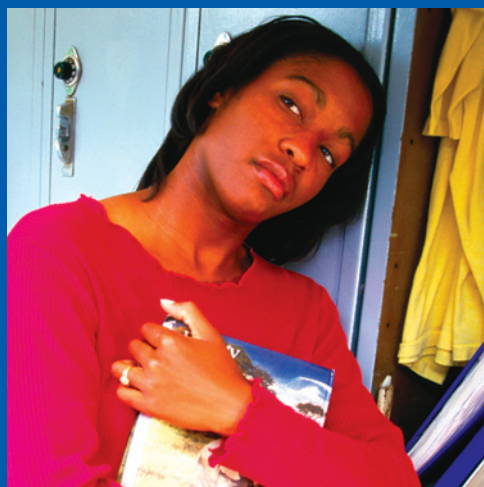
#### • Child Passenger Safety and Booster Seat Legislation

An article published in the January 2005 Wisconsin Medical Journal written by Dr. Tim Corden, University of Wisconsin, Madison Hospital and Clinics, documented the importance of children being properly restrained in vehicles. Dr. Corden used the data available within the state. The IPP worked with Dr. Corden using the Wisconsin Interactive Statistics on Health (WISH) and SAS injury files to identify the data needed for analyses and to support the article. This article is available at [www.wisconsinmedicalsociety.org/uploads/wmj/CordenSA.pdf](http://www.wisconsinmedicalsociety.org/uploads/wmj/CordenSA.pdf). This article was timely due to the political climate and support rallied by such

groups as Safe Kids, the children's' hospitals in the state and other injury advocates. There had been many unsuccessful attempts to pass child passenger safety and booster seat legislation. In February 2005, the legislation was again proposed. Working in collaboration with Dr. Corden, the IPP provided the SAS injury files and queried WISH to identify the available and appropriate data for analyses. IPP assisted the Wisconsin Association of Local Health Departments Administrators and Boards in making an educated decision whether to support the legislation and to define what its impact on health would be. An overview of the proposed legislation was also provided to the Department of Health and Family Services legislative liaison for review and to assist in determining its position on this issue. In February 2006, the booster seat legislation passed.

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